

TRANSMITTAL FOR TRANSPORTATION SCHEDULES AND RELATED BASIC DOCUMENTS		DATE	
FROM (Name of Bureau or Office)		DISBURSING OFFICE SYMBOL NUMBER	

BUREAU OR OFFICE'S ADDRESS			
STREET	CITY	STATE	ZIP CODE

TO:

**GENERAL SERVICES ADMINISTRATION (SOC)
PAID DOCUMENT RECEIVING UNIT
2416 OAKVILLE STREET
ALEXANDRIA, VA 22301**

TRANSPORTATION ACCOUNTS FOR (Month and year)	SHIPMENT INCLUDES		SCHEDULE NUMBERS*	
	NO. OF PACKAGES	NO. OF TRANSP. VOUCHERS	BEGINNING	END

EXPLANATION OF BREAKS IN SERIAL SEQUENCE OF SCHEDULE NUMBERS*

(Continue on plain white paper if necessary)

<input type="checkbox"/> NO PAYMENT FOR TRANSPORTATION SERVICES HAS BEEN MADE BY THE ABOVE-NAMED OFFICE	PERIOD OF NO PAYMENT (Month and year)
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CONTACT PERSON			
SIGNATURE	TITLE OF CONTACT		
	TELEPHONE		
NAME OF CONTACT	AREA CODE	NUMBER	EXTENSION